

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. **097355953**

FILING DATE

APPLICANT(S)

Shiketa

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1				
3	1		1			
4		1				
5	1		1			
6		1				
7	1		1			
8		1		1		
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50						
TOTAL IND.	5		5			
TOTAL DEP.	5	1	1			
TOTAL CLAIMS	10		6			

	IND.		DEP.		IND.		DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
51								
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